

IMPORTANT CONSIDERATIONS

Generally, if you are satisfied with your current plan, you do not have to do anything during Dual-Choice. Your current coverage will automatically continue provided your plan is still offered. (Note, coverage for dependents over age 19 must be verified with the plan annually.) However, you should review this checklist and consider the following:

- ☐ **Is your plan still available next year?** Sometimes HMOs drop out of the State of Wisconsin Group Health Insurance program, merge with other HMOs, or split off to form new HMOs. These changes are listed on page i. If this happens with your plan, you will probably need to take some action to change your coverage. Sections A and G provide information on plan service areas.
- ☐ **Have your premiums changed?** Premiums change each year and as a result the amount you pay may have increased. Premiums are shown in Section A.
- ☐ **Is your physician, clinic, or hospital still affiliated with your plan?** Agreements between HMOs and medical providers are subject to change each year. It is not unusual for medical providers to move from one HMO to another or to contract with more than one HMO. Provider listings are available from the plans.
- ☐ **Have benefits changed with your plan?** If your plan offers dental benefits, you should check whether there are any changes. Changes to the Uniform Benefits are the same for all alternate plans and are described on page D-2.
- ☐ **How satisfied are other participants with their health plans?** Review and compare the health plan report card and information in Section E.
- ☐ **Do you want to change health plans or change from single to family coverage for 2007?** If so, your benefits/payroll/personnel office (or Employee Trust Funds if you are an annuitant or are on continuation coverage) must receive your Dual-Choice application on or before October 27, 2006. Coverage changes will be effective on January 1, 2007.
- ☐ **How do plans compare for disease management and wellness programs?** Plans offer various programs. Two new comparison grids are included for your reference. One appears in the introductory portion of section E. The other appears on pages G-4 and G-5. Further detail is available on the plan pages in section G.
- ☐ **Do you have a dependent over age 19 covered under your family plan?** Your health plan will contact you to check on their status and you must rely or the dependent's coverage may terminate. See the Question and Answer section on dependent children for more information.

If you are considering changing health plans please read through the following checklist and if applicable, call the specific plan you are considering and/or review its materials. This will help ensure that your health care needs are smoothly transitioned from your prior coverage to your new coverage.

- ☐ **Are there sufficient providers, including specialists, conveniently located to meet your needs?**
- ☐ **Did you list your primary care physician's *name* on the application?**
- ☐ **Are you concerned that a current treatment that you are receiving may not be covered under your new plan?** If so, please make sure to contact customer service of the plan you are considering. If your current provider is not also with your new plan, do not expect to get a referral to that provider. In most cases, you will need to see a provider affiliated with the new plan.
- ☐ **Are there differences between the dental benefits provided, if any, by your current plan and the one(s) you are considering?**

See the inside back cover of this booklet for telephone numbers of the available health plans.